

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004264

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: LARGO POINTE HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

13 LARGO WAY  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

13 LARGO WAY  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 20-2389896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAPLAN, MELISSA TREASUR  
13 LARGO WAY  
BOYNTON BEACH, FL 33426      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HALE, KAREN  
Address: 10 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P      ( ) Delete  
Name: NAFFKY, CHRISTOPHER  
Address: 8 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S      ( ) Delete  
Name: NAFFKY, CHRISTINE  
Address: 8 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D      ( ) Delete  
Name: SCHMITT, LINDA  
Address: 17 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T      ( ) Delete  
Name: KAPLAN, MELISSA  
Address: 18 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D      ( ) Delete  
Name: YONOVER, MICHAEL  
Address: 19 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: COX, CHRISTOPHER  
Address: 15 LARGO WAY  
City-St-Zip: BOYNTON BEACH, FL 33426

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA KAPLAN

D

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date